	CLAIMS	ONLY		Application Number Filing Date Applicant(s)				
				* May be u	* May be used for additional claims or amendments			
CLAIMS	AS FILED	AFTER FIRST AMENDMENT	AFTER SECOND AMENDMENT		•	•	•:	
	Indep Depend	Indep Depend	Indep Depend		Indep Depend	Indep Depend	Indep Depend	
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6 7.		<del> </del>		56 57		<del></del>		
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(9)				59				
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18	**************************************			63			45000	
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25 26				75 76				
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31	<del></del>	<u> </u>	] ————————————————————————————————————	81			<del></del>	
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49 50	<del> </del>	<del></del>	<b> </b>	99 100			<del> </del>	
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Indep Total			<b>├</b> ─ <b>⋠</b> ┘ │	Indep Total			<del> </del>	
Total Claims		<del></del>	<del>                                     </del>	Depend Total Claims				